

Department of Health and Human Services
Director's Office
Grants Management Unit

Request for Funds

RFF Instructions

NEW RFF Template for FY15

You will receive a separate RFF Template for each grant.

Changes for FY15

New information includes:

- Program Contact
- Fiscal Contact
- Your GMU Grant Manager

Contact us if:

- Information is incorrect
- Staff changes occur
- Information is incomplete

Other Reminders

- Use the grant-specific RFF template
- Budget column amounts will be prefilled
- Follow the RFF workbook tabs (by month)
- Check the month and report number
- DO NOT change the formulas in the cells

			bud/cat 3195/19		GIFTS ID # 333.33	
Program Name:	Ima Sample's Respite Care and Meal Program		Program Contact:	Ima Sample - Program Director		
Funding Source:	Fund For A Healthy Nevada - FHN		Email:	jsample@Respiteandmeals.org		
Grantee:	Ima Sample		Fiscal Contact or Preparer:	Justin Case		
Tax ID #:	77-1234567		Email:	jcase@Respiteandmeals.org		
Vendor #:	T12345678		Address:	123 Ima Sample Road		
Report Period: From:	July 1, 2014		City, State, Zip:	Nowhere, NV 77777		
To:	July 31, 2014		Phone:	775-684-3333		
Report Number:	1		GMU Grant Mgr:	Happy Helper		
Category		Budget	Current Expenses	Past Expenses	Total Expended	Budget Remaining
Personnel & Benefits		\$ 126,472.00	\$ 10,539.34	\$ -	\$ 10,539.34	\$ 115,932.66
Contractual/Consult.		\$ 21,480.00	\$ 1,503.84	\$ -	\$ 1,503.84	\$ 19,976.16
Staff Travel/Per diem		\$ 1,429.00	\$ 63.28	\$ -	\$ 63.28	\$ 1,365.72
Equipment		\$ 1,250.00	\$ 1,197.46	\$ -	\$ 1,197.46	\$ 52.54
Supplies		\$ 5,635.00	\$ 430.34	\$ -	\$ 430.34	\$ 5,204.66
Occupancy		\$ 26,630.00	\$ 2,098.67	\$ -	\$ 2,098.67	\$ 24,531.33
Communications		\$ 2,805.00	\$ 233.75	\$ -	\$ 233.75	\$ 2,571.25
Public Information		\$ 925.00	\$ 80.00	\$ -	\$ 80.00	\$ 845.00
Other Expenses		\$ 625.00	\$ -	\$ -	\$ -	\$ 625.00
Indirect % (manually calculate on current expenses)		8.00%	\$ 14,980.00	\$ 1,291.73	\$ -	\$ 1,291.73
Totals		\$ 202,231.00	\$ 17,438.41	\$ 17,438.41	\$ 17,438.41	\$ 184,792.59
CURRENT AMOUNT REQUESTED			\$ 17,438.41			
CERTIFICATION						
I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved grant award, and that the amount of the request is not in excess either of current needs, or cumulatively for request \$ 17,438.41 in funds.						
Grantee-Authorized Fiscal Signature		Title		Date		
DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROVAL						
Authorized Program Signature		Title		Date		
Fiscal						
Authorized Fiscal Signature		Title		Date		
Submit to appropriate office for your grant administrator:						
Grant Manager Name: Carson City Office: 4126 Technology Way Room 100, Carson City, NV 89706-2009 Tel (775) 684-4000 Fax (775) 684-4010 Las Vegas Office: 1860 East Sahara, Las Vegas NV 89104 Tel (702) 486-3530 Fax (702) 486-3533						

Filling Out the RFF Template

- Transfer the category totals from your Transaction List to the corresponding category in the “Current Expenses” column on the RFF
- Calculate the Indirect amount by multiplying the Current Expenses total by the Indirect percentage included in your budget (double check your math)
- Enter this amount in the “Current Expenses” column next to “Indirect %”
- ***Your request total will calculate automatically***
- ***All other columns and rows will calculate automatically***
- Check your “Budget Remaining” totals to make sure you have not overspent in any category

Transaction List

All “current expense” category totals entered on the RFF come from the transaction list.

Each expense on the transaction list must include:

- Check/payment date
- Transaction identification number
(check number, EFT, auto pay, etc.)
- Payee name
- Brief description of expense
- Amount of expenditure

Submitting the RFF and Backup

Before submitting your request for reimbursement:

- Check that amounts are calculated correctly and past expenses as calculated on the RFF match up with total expenses from your previous RFF
- Confirm all expenses are allowable within your approved budget
- Check your backup to make sure it is for the correct month
- Make sure all travel expenses and backup are included for the entire trip
- Sign and date the document on the TOP LINE ONLY (above “Grantee-Authorized Fiscal Signature”)

Submitting the RFF and Backup

- Scan and email your RFF and backup to your Grant Manager within the allotted timeframe. Email is preferred, but you may also send via fax or mail.
- **Submit only one RFF at a time. Be sure the prior month's request has been approved before sending in the next month's.**

Reminders:

- ***A request submitted without errors will be processed quickly!***
- Your RFF will be returned if incomplete
- Your RFF will be returned if the calculations are incorrect
- Your RFF will not be processed without required backup
- Errors and incomplete RFFs result in delayed payments

RFF Template Training

Thanks for your participation!

RFF Questions? Contact your Grant Manager.

You may also contact:

Connie Ronning, Auditor II

cjronning@dhhs.nv.gov

Ph: 775-684-4017

Other contacts for RFF questions:

Gloria Sulhoff, AAIL:

gsulhoff@dhhs.nv.gov

Ph: 702-486-3530

Dana Jones, AAIL:

dana.jones@dhhs.nv.gov

Ph: 775-684-3474